



Q and A about Safe Infant Sleep in the First Twelve Months of Life

(Information derived from the evidence-based Safe Sleep Guidelines of the American Academy of Pediatrics and published in Pediatrics, 2016)

What is SIDS?

The American Academy of Pediatrics (AAP) informs us that in the U.S. about 3,500 infants die each year from what are called sleep-related infant deaths. The most common of these sudden unexpected infant deaths is Sudden Infant Death syndrome or SIDS. It is a diagnosis given when a death cannot be explained even after a thorough evaluation. But even though the causes may not be identified, thanks to the evidence-based safe infant sleep policies of the AAP, we already know what to do to reduce the risk of these deaths. And, there is an added benefit: These same guidelines also reduce the risk of other sleep-related infant deaths, including accidental suffocation.

How old are babies who die from SIDS?

By definition, the diagnosis of SIDS applies only to the first 12 months of life. Ninety percent of these deaths occur by six months of age, and the peak period is from two to four months.

What are the safe sleep recommendations?

First, babies should be put to sleep on their backs. The use of the back to sleep position has resulted in a major decline in sleep-related infant deaths. It has been named one of the leading pediatric research findings of the past 40 years. Neither the side position nor the belly down position is recommended for sleep. Grandmothers may remember that they were advised to do the opposite, to put the baby to sleep on the tummy. We know better now, so we do better. Back is best. You should always check with your baby's pediatrician or other health care provider for additional confirmation.

Will my baby choke if placed on his or her back?

The AAP reports that there is no evidence that back to sleep increases the risk of choking. You should discuss this further with your baby's physician.

What if my baby rolls over to his (her) stomach during sleep? Do I need to put my baby in the back sleep position if this happens?

The AAP recommends that you place your baby on his or her back at the start of all sleep periods in the first year of life. As they develop, a baby may turn over to another position during sleep. The AAP states that once babies reach the age where they are able to roll from back to belly and from belly to back on their own, usually by around six to seven months, they can remain in the position they assumed.

I saw a product that said it could keep my baby in the right position during sleep. Can I use it to prevent SIDS?

No. The AAP does not recommend the use of any product that restricts the movement of an infant. These products can and have had unintended consequences resulting in deaths, and some have even been recalled because of that.

Will my baby get flat spots on the back of the head from sleeping on the back?

To protect a baby from the risk of a flat spot, the AAP recommends some tummy time for your baby when he is awake and being watched by you. Also, make sure that your baby isn't spending all his or her time in a crib, or a car seat or an infant carrier. Pick your baby up, spend time holding your baby, and enjoy lots of cuddle time.

So, besides back to sleep, what else makes up a safe sleep environment?

1. The AAP advises that the safest place for your baby to sleep is in a crib, portable crib, bassinet or play yard that meets current safety standards of the Consumer Product Safety Commission. (www.cpsc.gov/Safety-Education/Safety-Education-Centers/cribs). If it is a used crib, it should be in good condition. You can check to see if there has been a recall by calling (800) 638-2772.
2. It should contain a firm mattress. What the AAP means is that there should be no sagging. When you lift the baby off the mattress, you don't want to see a dent where the baby has been.
3. The mattress should be the one intended for the product you are using.
4. There should be no gaps between the mattress and the sides of the sleep product.
5. The mattress should be covered just by a tightly fitted sheet.
6. Don't place any pillows or quilts over or under the sheet.
7. In fact, and this is very important, there should be no loose bedding in the crib. No pillows, no quilts, no blankets, no stuffed animals or other soft or fluffy items, and no bumpers either. While these items are pretty, they are associated with an increased risk of sleep-related infant deaths. And, there should be no guests in the baby's sleep space, not even a twin.
8. The AAP recommends that babies are safest sleeping by the parent's bed but not in it. Close by the bed in the parent's room, the parent can still see, touch, and hear the baby. Room sharing instead of bed-sharing is best. Ideally, parents are urged to share their room with their infant for the first year of life or for at least the first six months.

9. Parents can certainly bring the baby into bed to play, comfort, cuddle and breastfeed! But, when parents are ready to fall asleep, it is safest to place the baby in his or her own near-by safe sleep space.

10. Bed sharing with a sleeping parent is especially dangerous when the baby is less than four months of age, was premature or of low birth weight, or with a parent who was or is a smoker. Bed sharing is also especially risky with anyone who has used sedatives or alcohol, is very fatigued, or with anyone who is not the infant's parent.

11. Other situations to avoid are bed sharing on a soft surface such as a waterbed or old mattress or sofa, couch or armchair. Sofas and chairs are not designed for babies to sleep on whether alone or with someone and are dangerous. Babies should never be put to sleep on these.

12. Sometimes a tired parent who is breastfeeding at night may fall asleep with the baby in the adult bed. To ensure that the baby is safe until the parent wakes up and puts the baby back into his own sleep space, the AAP advises parents to make sure that their own soft bedding, such as pillows or blankets, are out of reach of the baby so that there is no risk that they will cover the baby's face and cause harm.

Without blankets, how will the baby stay warm on a cold night?

If parents feel that a blanket is necessary, infant sleep clothing should be used instead. It should be the right size for the baby. Parents should avoid overheating the baby because overheating is a risk factor for SIDS. You can tell if a baby is overheated by checking if they are sweating or if the chest feels hot to the touch. Over-bundling and covering the face should be avoided.

Why is smoking dangerous during pregnancy?

Smoking is a major risk factor. Smoking by a pregnant mother or by people in her presence can cause harm to the developing baby. So too can exposing the baby to smoke after he or she is born. If a mom has stopped smoking during pregnancy in order to protect her baby, she should stay smoke-free even after! Household smoke matters too. It is best to avoid exposing an infant to any tobacco smoke.

Does breastfeeding reduce the risk of SIDS?

Yes! Breastfeeding is associated with a lower risk of SIDS! Therefore, for that reason and many others, breastfeeding is highly encouraged. Mothers should try to breastfeed exclusively whether directly from the breast or by expressing milk, for six months.

Parents are urged to discuss safe sleep with their infant's physician.

Based on the safe sleep policy of the American Academy of Pediatrics (Pediatrics, 2016). For more information contact statewide hotline (800) 545-7437. The SIDS Center of New Jersey (SCNJ), based at Rutgers Robert Wood Johnson Medical School and the Joseph M. Sanzari Children's Hospital, Hackensack Meridian Health, is funded in part through a Health Service Grant from the NJ Department of Health. SCNJ website: www.rwjms.rutgers.edu/sids